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THE  
AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF  
MEDICINE AND SURGERY.

EDITED BY

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## THE AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

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# THE AMERICAN PRACTITIONER.

JULY, 1874.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else,—RUSKIN.

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## Original Communications.

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### ON THE DISEASES OF THE MIND.\*

BY L. P. YANDELL, M. D.

The resounding lines of the grand old moralist, Dr. Johnson,

“Pour forth thy fervors for a healthful mind,  
Obedient passions, and a will resigned,”

are a paraphrase of the line of Juvenal, which has been quoted by physicians oftener perhaps than any other line in any language—

*“Orandum est, ut sic mens sana in corpore sano.”*

And assuredly no greater earthly blessing could be prayed for than such a conjunction—a healthy mind in a body free from all taint of disease. How rarely this happy union is found in this world few persons stop to consider—how seldom either a perfectly healthy body or a mind perfectly balanced is met with. In reality, one of these is about as uncommon as the other; and yet, as to most of the persons we meet, it never occurs to us to doubt their sanity of mind or body. They are in a condition to enjoy life; they eat, drink, and

\* Read before the Louisville College of Physicians and Surgeons.

sleep, do their work, discharge their duties with reasonable fidelity, act with a fair amount of discretion, give way only now and then to violent and unseemly ebullitions of feeling, and, in a word, make the average men and women of society.

But of those going about our streets there are multitudes who do not rise to this average; dyspeptics, hypochondriacs, rheumatics, subjects of headache, of neuralgia, of catarrh, or of some one of the minor complaints to which the body is subject; or they are wayward, impulsive, odd, whimsical, eccentric people, of whom we are inclined to say "they are a little cracked," or "their brains are addled," or "they are crazy," or "their minds are badly balanced." The world is full of such individuals. We meet them wherever we go.

At the same time we should not affirm of such that they labor under any disease of the mind. We should not call them lunatics, certainly. No one would hesitate about their moral responsibility or their competency to manage their estates; much less would any one have them sent to a mad-house.

Captain Judson, the oldest master of the Cunard line of steamers, had a passenger who jumped overboard his ship in a fit of delirium tremens and was drowned. The captain, feeling a personal interest in the passenger on account of his connections, was at great pains to rescue his body from the water, and took it on to Liverpool. The coroner at the inquest held over it was very searching in his inquiries, and gave the captain a great deal of trouble. Among other questions he asked Captain Judson why he did not confine the passenger to his state-room, seeing he was beside himself. "If I should shut up every passenger in his state-room," replied the captain, "who seemed to me to be crazy, I should come into port every time with more than half of them locked up."

This brings me to the great practical questions in all cases of alleged mental insanity: 1. What degree of unsoundness



of mind takes away personal accountability? 2. What justifies society in depriving an individual of his personal freedom by confining him in a lunatic asylum? These are questions that come up continually for adjudication; questions about which the opinions of medical men are demanded every day, and to which very conflicting answers are apt to be returned. It is most desirable that physicians should come to a more general agreement on the subject.

Insanity is a loss of volitional control over the thoughts, passions, and actions; an insubordination of some of the faculties or emotions, which leads to incoherent, inconsistent, or violent behavior. This volitional control is possessed in various degrees by different individuals, and by the same person at different times. None have it in perfection. All are liable to lose it in a degree. How great a loss of it constitutes lunacy is the question; and what degree of lunacy excuses crime is the great question in cases where insanity is the plea for its commission.

Insanity may come on suddenly on an individual in the most perfect health, as the result of violent passion, or from alcohol, from narcotic poisons, in the delirium of fever, or from epilepsy, or from injury of the brain, and may pass away as suddenly with the exciting cause; or, brought on in an instant, the injury of the brain may be lasting, and the insanity may become chronic.

Individuals subject to epilepsy frequently become crazy for a short time after a convulsion, though most of their time rational and harmless. In the fit of insanity thus induced they are not responsible for their acts; they are for the time being lunatics. So of the victim of delirium tremens. "He sees more devils than vast hell can hold," and if in his hallucination he strikes at his imaginary foe, he is not accountable. To all intents and purposes he is insane, though his insanity is of his own procuring. He has lost his volitional control and is puppet to his own delusions.

Mechanical injuries of the brain sometimes effect a complete revolution in the moral character of the individual, as alcohol is well known to do in many cases. How often do we see amiable men rendered quarrelsome and pugnacious, as most men are made loquacious and silly, by strong drink! But what is more noteworthy is that some honest men when sober become rogues when drunk. *In vino veritas*—their true character is brought out by the liquor, some may be ill-natured enough to allege. But it is not so. The propensity to steal is engendered by the action of the alcohol on their brains. And this is equally true of the homicidal propensity. But while I should be very far from excusing murder on the ground of drink, I would not punish a man for stealing goods when he was drunk.

Violent emotion is a frequent cause of insanity, which is apt to be lasting, though the cause is transient; a permanent change in brain-structure is suddenly brought about by the strong emotion. Fright has often induced raving madness in children, and sometimes in adults. The shock caused by the disaster in Massachusetts a few weeks ago made eight maniacs, the telegraph informs us, and sudden, deep distress is leading to insanity every day.

A story is somewhere told of two brothers who were engaged in a great battle, side by side. One of them was a man of great size and bodily power; the other was of a slender, delicate frame, slight almost as a girl. The enemy was defeated and fell back. The victorious army pursued, and in crossing a ditch the strong man leaped upon the body of one who had fallen into it before him. He supposed it was the body of a retreating foe, but on looking into the face of the prostrate man he found it was his brother. The feelings with which he stooped down were those of an exulting conqueror, but he rose up a shrieking maniac.

Gen. Mercer once related to me a case illustrative of the power of remorse to unsettle the mind. A young physician

in Virginia took advantage of the confidence of a young lady most respectably connected and seduced her. Her brother, a young officer in the United States army, resolved to avenge her wrongs. Watching the road along which the doctor was expected to pass, he waited his appearance, and, stepping out with two pistols, offered one to the enemy of his sister's peace, telling him to defend himself. The guilty man was paralyzed with fear and refused to fight, and the young officer shot him through the breast. He felt at the moment that he was justifiable. He had shed the blood in an injured, violated sister's cause; but remorse followed the act and he became crazy, and was seen often on the same road wringing his hands and begging the passers-by to wash the blood from them.

This will recall to you the case of Lady Macbeth, whose bloody hands, it seemed to her, would "incarnadine the sea." The suddenness with which insanity comes on in such circumstances is no evidence against its reality. Nor is the mania which sometimes results from drink always transient. Persistent insanity is brought on in some persons by a debauch, and is not cured except by proper treatment—generally confinement in an asylum. In some it is of a mild form, and disappears on abstinence from the exciting cause.

Except that insanity is of the brain, and not in the mind, as was once believed, hardly any fact concerning it is more generally conceded than that the disease is hereditary. In fact it is probably the malady of all others most apt to be transmitted. It is more hereditary than gout or tuberculosis, and far more so than cancer. Nor is this the whole truth in regard to the influence of parents upon their offspring in reference to the disease. Epilepsy in the parent may become insanity in the child, or *vice versa*. There is degeneration in the nervous system, which in one child may take one form and in another another; and this degeneration increases from generation to generation. In a family, the history of which

is given by Morel, the degeneration pursued the following course:

*First generation*—Immorality, alcoholic excess, and brutal degradation, one or the other appearing in different members of the family.

*Second generation*—Hereditary drunkenness, maniacal attacks, general paralysis.

*Third generation*—Hypochondria lypemania, homicidal tendencies.

*Fourth generation*—Feeble intelligence, stupidity, first attack of mania at sixteen, transition to complete idiocy, and probable extinction of the family.

Fortunately for human society, this increasing degradation leads, in a few generations, to the extinction of the afflicted family. A race of imbeciles can not perpetuate itself; and this leads me to remark how directly hygiene and physical education bear upon diseases of the mind. Hygiene, if its laws were observed, would prevent intermarriages between parties predisposed to insanity. If heeded, it would prevent those sensual indulgences which in the grandfather lead to insanity in the grandson. Much might be done—no one can say how much—toward averting mental diseases if physicians had the power to regulate the habits of the people, especially in regard to drink and marriage. Individuals by curbing unruly passions and avoiding the causes which lead to nervous degradation might accomplish much if they would exert the control.

When mania assumes a homicidal or suicidal form, the patient is never to be trusted, and the only safe place for him is an asylum. If the tendency is to suicide, he is almost sure to accomplish his purpose sooner or later. I had a patient who repeatedly attempted to destroy herself before she was sent to the asylum at Hopkinsville. She was sent there finally, but persistently refused to take either food or drink, and died of inanition.

It is a curious fact that the propensity to either homicide or suicide may be increased and even created by a suggestion. If a murder in a particular way is reported in the newspapers, we are pretty sure to hear of other murders perpetrated in the same way. If a suicide is committed by a particular mode, other suicides on the same plan will follow. There is a fashion in the thing. After Lord Castlereagh cut his carotid artery a great many Englishmen, in a few months, cut their throats. The girls in a city of France had got to destroying themselves in such numbers that the suicides were counted by the hundred a year. A stop was put to the practice at last by an order of the authorities that the person of every young woman who killed herself should be exposed to the public gaze. What the love of life and conscience could not arrest was cured by innate female modesty. It is not only imitative, but the thought of suicide may be suggested by a word. A hospital physician ordered the nurse of one of the wards to fasten the windows down securely, for there was danger that a patient subject to delirium might attempt to jump out of the house during the night. A number of patients confessed to him afterward that they were seized with an uncontrollable propensity to jump out of the window on hearing those words. A surgeon, who had been dressing the wound of a man who attempted suicide by cutting his throat, said jocularly to his servant accompanying him, "If ever you cut your throat do it more artistically. Cut lower down, and you will make a successful job of it." Before that remark the servant declared that cutting his throat had never entered his head, but he began at once on hearing it to think about it until the thought fastened itself upon his mind, and he actually at last attempted suicide by cutting his throat; but fortunately, without having profited by the instructions of his master, and doing it in a bungling manner, escaped with his life.

These are instances of monomania developed by imitation

and suggestion. The point about which it is most difficult to instruct the public, and therefore jurors and judges, is this of madness on a single subject. Men are disinclined to believe that one may be rational in the general and yet insane as to a particular. They will hardly excuse a crime committed by a man who upon most subjects exhibits quite as much intellect as themselves. The criminal reports of Kentucky afford a melancholy illustration of this ignorance of our judicial tribunals in respect to monomania. Dr. Abner Baker, a graduate of the University of Louisville, of most respectable family, a refined, educated gentleman, killed his brother-in-law, Bates, for alleged criminal intimacy with his wife. He was examined by a jury and discharged on the ground of lunacy. He went to Cuba and spent the winter. On his return in the spring he was apprehended on a finding of the grand jury of Clay County and tried for murder. It appeared in evidence that his suspicions of his wife were groundless; but Baker adhered to his belief, and was violent in his accusations, fully justifying himself for the deed, which he had never attempted to conceal. He was found guilty of murder by the jury, though nine of the number subsequently united in a petition to the governor to reprieve him. He suffered the extreme penalty of the law, though most of the eminent physicians of Kentucky signed a petition for his pardon. On the scaffold and to the last Baker vociferated that he was dying for the crimes of a prostitute. Writers on juridical medicine have agreed in denouncing his execution as "judicial murder;" and yet there was much in the case to puzzle the minds of the jury. Baker committed the act deliberately, and showed ingenuity in planning it. He alleged a great wrong as his excuse for perpetrating the crime, argued ingeniously that he was justifiable, was sound in mind on all other subjects, had never exhibited signs of insanity before, and was of a family in which lunacy had never shown itself.

We have very recently had a case in this city less puzzling

to the jury, but which called forth a good many contradictory opinions from our brethren. I think the verdict in the case referred to was just. The lady was not a subject for a lunatic asylum, and yet she was not of a sound mind. No woman would pursue a man winter and summer, by day and night, from city to city for years, even for the pleasure of tormenting him, if in her right mind; but it would have been unjust and cruel to shut her up in a mad-house.

It was long a popular notion that persons of genius were more liable to diseases of the mind than men of feeble intellects. Dryden declares that

“ True wit to madness nearly is allied.”

Fools, it was affirmed, never went mad, on the principle, I suppose, that *ex nihilo nihil fit*. But this notion is as far as possible from the truth. Feeble-mindedness is evidence of nervous degeneration, and readily assumes the form of insanity. The dullest schoolmate I ever had became a lunatic at the age of twenty-four or twenty-five. He was remarkable in his boyhood for his stupidity. An aunt, who was much interested in him, predicted that his mind would shoot up and brighten on his attaining manhood. But so far from it, after marrying and becoming the father of several children, he exhibited such signs of madness that it was deemed necessary to send him to an asylum. After a few years' confinement he was restored to his family, but not relieved. He was harmless, but his mind lost force with years, and he became nearly idiotic before he died.

An interesting case was tried in one of the Louisville courts about twenty-four years ago, in which an attempt was made to set aside a will on the ground that the testatrix was not competent to make one. It was the case of Polly Bullitt, in which Mr. Clay appeared as counsel for the plaintiff. Mr. Guthrie was the defendant. Polly Bullitt was notoriously feeble-minded. It was shown that on one occasion, in a fit of passion, she seized a child, flung it into a spring, and would



have drowned it had not bystanders interfered to save it. For the time she was evidently beside herself. Mr. Clay made this point in his argument before the jury with great effect. "If Polly Bullitt," said he, "were now before you on a trial for the murder of that child, which she had the will to commit, could you find her guilty? Could you say that she was a rational, accountable being? And if not capable of discerning between right and wrong, if not responsible in such a case as this, was she capable of making a will?" The jury was not able to agree; several were for breaking the will, and the case was compromised.

There are forms of insanity against which the will, the conscience, and reason interpose their authority with no more effect than straws oppose the current of our great river; tempests of insane fury, before which they are swept away as chaff is driven before the whirlwind. But there are milder forms against which the nobler faculties of the mind may contend to some purpose. There is in the human will an antiseptic power, which in thousands of instances is exerted with success against passion—flaws unseemly, against freaks and whims and caprices, against captiousness and blue devils, against looking at the dark side of things, against the tendency of the mind to run in ruts—to dwell steadily, obstinately on one painful subject—against riding hobbies until the mind acquires obliquity by being limited to one line of thought; and thus when there is a tendency to unsoundness the mind may often be kept sound by an effort of the will.

It is a truth well understood that in the animal body the perfection of function, the harmony of parts, the development of energy is most complete when each organ is in most perfect subordination to every other. And so in regard to our moral constitution; that is the noblest and most enviable condition of the mind in which the imagination, the passions, and the emotions are subordinated to the will, enlightened and regulated by the understanding and the conscience. This is the

condition for which thoughtful men strive. The further we recede from this subordination of our faculties the lower we sink in the scale of moral being. The knowledge of the fact would be of comparatively little value to us if it were not equally well known that the shaping of the moral and intellectual characters is to a great extent in our own hands. Insanity, we conclude then, is to be classed among the preventable evils of humanity. By education, by hygienic measures, much may be done to lessen its frequency.

As to the questions referred to in the beginning of this paper, "What degree of unsoundness of mind takes away personal accountability, and what justifies society in sending one of its members to a mad-house?" they have to be decided in each case upon their own merits, and in most cases a great deal may be said on both sides of the question.

LOUISVILLE.

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## ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The association met at Detroit on Tuesday, June 2d, at 11 o'clock A. M.

The previous evening was occupied by the Association of Medical Editors. At this meeting an admirable address on *Medical Journalism* was read by Dr. Bowling, and also a paper on *State Medical Schools* by Dr. Edgar, of St. Louis. Dr. Bowling's address, marked by suggestive thought and graceful sentences, though not illuminated by those flashes of wit which so often are manifest in his editorials, concludes with the following eloquent eulogy upon doctors:

"The medical hebdomadals and monthlies of the country are devoured by a wonderful body of men, as compared with any

other class; the most industrious of men, laboring incessantly in all seasons, often hoping against hope, for what hope is there for the prosperity of one who gives all his time to the calls of other people? Said one high among them, 'I had n't time to get rich.' Look at them every where, the magnates of every neighborhood, in all the relations of life blameless. Like the sewing-woman, always at work—stitch, stitch, stitch! And their wealth buried at the fabled terminus of the rainbow! How magnificently they tower above all other men when Death, in his holiday regalia, rides upon the storm of epidemics! Each is suddenly transmuted into a Minerva, and without the luxury of tit for tat, of returning arrow for arrow, skillfully to throw from his shield those aimed at his neighbors is his delight and glory; rejoicing when the storm is spent to chalk upon the lintel of their doorways 'SAVED.' They are great men, and

"Great men have always spurned great recompenses.  
Epaminondas saved his Thebes and died,  
Not leaving ev'n his funeral expenses.  
Great Washington had thanks, and naught beside,  
Save the all cloudless glory, that few men's is,  
To save his country.'"

Dr. Edgar's essay was a concise and to some minds a conclusive argument against the state engaging in the business of educating doctors. The ability displayed by Dr. Edgar in this effort makes us anticipate with great pleasure the address which he will deliver as president of the Editorial Association next year.

The opening exercises of the American Medical Association consisted of prayer by Bishop McCoskry, an address of welcome by Dr. Brodie, and the address of the president, Dr. Toner.

Dr. Toner's address \* was in the main eminently practical, and various recommendations in it were referred to a special committee, of which Dr. White, of Buffalo, was chairman.

\*A singular typographical error occurs in the report of this address as published in one of the Detroit dailies. A portion of a sentence, which should be "Here are assembled the Nestors of the profession," was thus, "Here are assembled the meteors of the profession." Upon second thought probably there was no mistake; possibly there were professional "meteors" there!

The address had notes appended to it containing statistics, historical information, etc.; a work for which Dr. Toner has peculiar facilities and fitness, and really these notes will be by many almost as highly prized as the address itself.

In the afternoon the various sections met, and most of them got to work promptly and usefully, a large number being present and participating in the discussions. But the work there done we shall refer to after completing our review of some of the salient points in the history of the association proper.

On Thursday morning Dr. Davis, on behalf of the Judicial Council, made a report on the subject of ethics, which presented a clear exposition of various matters upon which the professional mind has been in doubt, and which thus terminated:

"After carefully reviewing the whole subject, your committee do not recommend any alteration in the present Code of Ethics. On the contrary, we desire to express the opinion that if every medical school and society would supply each graduate as he left the school and each member initiated into society with a printed copy of the code, accompanied with the injunction that it be carefully studied, it would be productive of much good, directly to the profession and indirectly to the community."

The following change in the constitution was adopted: An amendment to article 2, so as to require that delegates shall receive their appointments from state societies, county and district societies recognized by state societies, and from the army and navy of the United States.

The amendment was explained by Dr. Davis, and brief speeches were delivered by Dr. Woodward, U. S. A., and one or two others. No one opposed the practical drift of the amendment, but some suggested difficulties in their own localities, especially in the District of Columbia. Dr. S. C. Busey, of Washington, thought that the representation must be limited. He introduced a proviso that the number of delegates from any state, territory, county, city, or town shall not

exceed the ratio of one in ten of the resident physicians who have signed the code of ethics of this association.

Dr. Keller presented the following preamble and resolutions, which were unanimously adopted:

"Whereas we have learned with regret that Congress has not yet acted favorably on our memorial in behalf of the medical corps of the army; and

"Whereas it is, in our opinion, just and right that the rank of the medical officers of the army should be fully equal to that of the other staff corps or the medical corps of the navy, which, we are informed, is not the case under existing laws; therefore

"*Resolved*, That a committee of one person from each state and territory, with power to fill vacancies, be appointed for the purpose of memorializing Congress upon this subject, and of securing the co-operation of the several state and county medical societies for the same purpose.

"*Resolved*, That Dr. J. M. Toner, of the District of Columbia; be chairman of said committee, and that the other members of the committee be appointed by the president."

At 10 A. M. Dr. Davis delivered the *Address in Practical Medicine*, etc. In it he spoke of recent investigations as to the functions of the brain and nervous system; thought that we were attributing too much to nerve influence and too little to properties inherent in living matter; believed that the pendulum of professional opinion and practice was now returning from the extreme opposite of depletion and evacuants; spoke of the undue importance attached by some to thermometric observations in disease, and hasty generalizations in pathology and etiology from microscopic examinations. He stated these to be, as he believed, the strongest barriers in the way of genuine progress both in the science and art of medicine, and said:

"Incomplete observation of facts, deductions from inadequate premises, and the constant use of mere theoretical assumptions or suppositions as though they were demonstrated facts; it is the indulgence of these practices that actually keeps one half of the

professional observers busy in correcting the errors and disproving the assumptions of the other half, and fills our literature with endless contradictions. Almost every problem connected with medicine is complex, requiring for its proper solution a careful observation of many elements and their exact relation to each other."

The address concluded with a commendation of the recent arrangements of the sections, an urgent appeal to all the gentlemen present to connect themselves with one or another of these, and the utterance of enthusiastic hope as to the future honor and usefulness of the American Medical Association.

Following this address was the *Address in Surgery*, etc., by Prof. Gross. Before commencing its reading Dr. Gross very politely requested the ladies—many being present—to withdraw, as he would be required to use terms which he did not wish to utter to a mixed audience. The subject of his address was *Syphilis in its Relations to National Health*. This is one of the most important papers ever presented to the profession, and as it becomes more generally known will create warm discussions, especially among syphilographers, moralists, and legislators.

At the general meeting on Thursday morning the Committee on the President's Address reported as follows:

"Your committee, to whom was referred the recommendations and suggestions contained in the president's address, would respectfully report as follows:

"We are fully in accord with the president concerning the propriety and desirability of establishing at some central position a physiological and pathological laboratory.

"In view of the growing sense of the importance of carefully recorded facts and observations, we are fully impressed with the desirability of the publication of annual reports of the progress and discoveries of all chartered medical and sanitary institutions.

"We also recognize the importance of concerted action on the part of the profession, and agree with the president in urging the formation of a complete system of state and local medical societies.

"We would also recommend an extension of time of the session of one day, making the length of the session four days. This is done in view of the fact that, although the arrangement of the sections under the present circumstances is admirable, they occupy more than half of the time of the meeting, causing a lack of time for the proper and deliberate consideration of legislative matters. When, in connection with this, there is taken into consideration the fact that the over-generous hospitality of those who entertain the association is apt to occupy much time, it will be seen that the time for the discussion of the papers is inadequate.

"We also look with much favor upon the president's recommendation of the organization of an international medical congress, and would move the adoption of the following:

*"Resolved,* That in view of the lack of time in which to properly transact the business of the association, an extension of one day is deemed advisable.

*"Resolved,* That the president appoint a committee of five, of which he shall be chairman, to elaborate a plan for the organization of an international medical congress, and report at the next meeting.

"Your committee had also prepared a resolution in regard to memorializing Congress concerning the rank of the medical staff corps of the army, but find that they are anticipated by Dr. Keller. They would therefore simply recommend, on the part of the members of this association, continuous personal application to the representatives in Congress from their several districts in regard to this important subject."

Dr. White, for Dr. Gross, who had been called home by the illness of his wife, presented appropriate resolutions as to the death of Dr. Henry Miller, and Dr. Keller with reference to a monument to Dr. Ephraim McDowell.

Dr. Wilson, of Michigan, offered the following preamble and resolutions:

"Whereas Dr. Bartholow, of Cincinnati, Ohio, in his zeal for scientific research, has recently made a series of experiments with electricity upon the brain of a patient, by inserting needles into the substance thereof, and passing currents from these to different parts of the body, causing thereby pain, convulsions, and probably hastening death; and



"Whereas we are ever ready and willing to accord the greatest praise and honor to the original investigator in any part of the domain of medicine; yet these experiments are so in conflict with the spirit of the profession and opposed to our feelings of humanity that we can not allow them to pass unnoticed.

"*Resolved*, That, in our opinion, no member of the medical profession is justified in experimenting upon his patient, except for the purpose and with the hope of saving said patient's life or the life of a child *in utero*."

The resolution was referred to the Judicial Council without debate.

At 10 A. M. the *Address in Obstetrics* was given by Dr. Parvin. Its subject was *uterine hemorrhage*, with reference more especially to its *etiology* and *therapeutics*. In connection with the latter hypodermic ergot, intra-uterine astringent injections, and transfusion were considered.

Following this was the *Address in State Medicine*, etc., by Dr. A. N. Bell, of Brooklyn, the well-known editor of the *Sanitarian*.

On Friday morning the Committee on Nominations reported five hundred dollars appropriated to the secretary; a committee was appointed to prepare a suitable notice of Dr. Mendenhall's death immediately after the receipt of a telegram from Cincinnati informing the association of this sad event; and the usual vote of thanks given.

Dr. Talley, president of the Section of Medical Jurisprudence, upon stating that ill health prevented his delivering his address, was authorized to complete it and have it published in the *Transactions*.

Some impromptu rhetoric from Drs. Hall and Richardson, Canadian members, which was eloquently responded to by Dr. Davis; an announcement from Dr. Brodie that, including the members from Canada, there were four hundred and twenty-seven enrolled; and with a neat speech from President Toner, the association adjourned to meet in Louisville on the first Tuesday in May, 1875.

We can not terminate this brief account without strongly commending Dr. Brodie and his associates for the faithfulness and success with which they discharged their duties as Committee of Arrangements, and without expressing our high appreciation of the generous hospitality of the prominent citizens of Detroit.

The following is a list of officers and committees for 1875:

*President*—Dr. W. K. Bowling, of Tennessee; *First Vice-president*—Dr. Wm. Brodie, of Michigan; *Second Vice-president*—Dr. J. J. Woodward, of United States army; *Third Vice-president*—Dr. H. W. Brown, of Texas; *Fourth Vice-president*—Dr. H. D. Didama, of New York; *Treasurer*—Dr. Casper Wister, of Pennsylvania; *Assistant Secretary*—Dr. Will. Walling, of Kentucky; *Librarian*—Dr. William Lee, of the District of Columbia.

*Committee on Library*—Dr. Johnson Elliott, of the District of Columbia.

*Committee of Arrangements*—Dr. Edward Richardson, Chairman; Drs. Lawrence Smith, Robert Gale, James Holland, Henry Bullitt, J. M. Keller, D. W. Yandell, Lewis Rogers, R. C. Hewitt, all of Louisville.

*Committee on Prize Essays*—Drs. J. A. Ochterlony, L. P. Yandell, J. D. Jackson, all of Kentucky; Theophilus Parvin, T. M. Stevens, both of Indiana.

*Committee of Publication*—Drs. F. G. Smith, Wm. B. Atkinson, D. Murray Cheston, Casper Wister, Alfred Stillé, all of Pennsylvania; William Lee, of the District of Columbia; H. F. Askew, of Delaware.

*First Section*—Practice of Medicine, Materia Medica, and Physiology: Dr. Austin Flint, of New York, Chairman, and Dr. J. K. Bartlett of Wisconsin, Secretary.

*Second Section*—Obstetrics and Diseases of Women and Children: Dr. W. H. Byford, of Illinois, Chairman, and Dr. S. C. Busey, of District of Columbia, Secretary.

*Third Section*—Surgery and Anatomy: Dr. E. M. Moore, of Rochester, N. Y., Chairman, and Dr. T. S. Latimer, of Maryland, Secretary.

*Fourth Section*—Medical Jurisprudence, Chemistry, and Psychology: Dr. Jerome Cochran, of Alabama, Chairman, and Dr. G. A. Moses, of Missouri, Secretary.

*Fifth Section*—State Medicine and Public Hygiene: Dr. H. I. Bowditch, of Massachusetts, Chairman, and Dr. H. M. Baker, of Michigan, Secretary.

#### WORK IN THE SECTIONS.

*Section I. Practice of Medicine, Materia Medica, and Physiology.*—Dr. Bulkley, of New York, read a paper on the treatment of eczema; Dr. Farnsworth, of Iowa, on the therapeutic uses of ammonia. A paper, by Dr. E. A. Hildreth, on the medical botany of Western Virginia, was referred to the Committee on Publication without reading, as its author was absent. The Committee on the Cultivation of the Cinchona-tree was continued. A paper on the mechanism of the encephalic circulation, by Dr. R. A. Vance, of New York, was presented. Dr. Buckham, of Michigan, read one on uræmia. Dr. Bulkley, in a paper entitled "A New Remedy for Pruritis," advised an ointment composed of one ounce of ointment of rosewater and a drachm each of powdered camphor and of chloral. The address of the president of the section was discussed. Dr. Garrish, of New York, read a paper on hydrophobia; Dr. Gray, of Illinois, on physiology in relation to practice. A paper on electricity as a restorative agent in asphyxia and in narcosis was referred to a special committee; and Dr. Sequin gave an explanation of his system of thermometry.

*Section II. Obstetrics and Diseases of Women and Children.* Dr. Beck, of Indiana, presented a paper upon the mode in which spermatozoa enter the uterus. Dr. Scott, of Woodstock, Canada, presented, through Dr. Marion Sims, a new pessary, a modification of Cutter's, in which the various parts are made flexible; and an interesting discussion, in which Drs. Sims, Byford, White, Pallen, Minor, and Scott participated, ensued. Dr. Bonteme, of New York, read an interesting report of a case of reduction of an inverted uterus without manipulation. Dr. Parvin presented some instruments for the removal of intra-uterine polypi, and also Aveling's apparatus

for transfusion, and Leiter's; and the subject of transfusion was discussed by Drs. White, Ochterlony, Forbes, and others. Dr. Sims made some very interesting remarks upon ovariectomy, considering at some length the causes of death, and urged the use of a drainage-tube passing in at the lower portion of the abdominal wound; recalling what he had previously published as to having the tube pass through Douglass's cul-de-sac, and securing the pedicle by means of steel wire twisted on either side, he believing it better than the clamp, better than silk ligature, or silver sutures. Dr. Dunlap, of Ohio, also spoke at some length on the subject of ovariectomy, giving the results of his large experience, and indicating his decided preference for treating the pedicle by ligation, returning it to the abdominal cavity, and leaving one end of the ligature to be external. This secured drainage; it was simple, easy of application, and certain in the prevention of hemorrhage. Several special committees were appointed to report on subjects included in the departments of this section at the next meeting of the association.

*Section III. Surgery and Anatomy.*—Dr. Dunlap, of Ohio, reported an operation for *enchondroma over the sternum*. Dr. Moore, of Rochester, N. Y., read an able paper upon *epiphyseal fracture of the superior extremity of the humerus*, and Dr. Sayre one upon fractures; the latter eliciting a very animated discussion, especially with reference to the non-shortening in fractures of the thigh, a discussion in which Drs. Hodgen and Gregory, of St. Louis, Sayre, Gross, Garcelon, Quimby, Hughes, and others participated. The remarkable results reported by Dr. Sayre led to the adoption of the following resolutions offered by Dr. Hughes:

“Whereas the members of the surgical section of the American Medical Association have listened with interest to the report of Prof. Sayre, of New York, on the subject of fractures; and whereas statistics accompanying said report evince in the institution represented (Bellevue Hospital) unusual results; therefore

*"Resolved,* That this section, after free discussion of the report and its reference to the publishing committee, would express their opinion, based upon experience, that the results in relation to shortening following fractures is better than can be looked for in general practice."

And also to the adoption of the following, offered by Dr. Pierce, of Illinois:

"That Dr. Sayre be requested to make a second examination, as far as possible, of all the cases reported by him one year after they have been discharged from the hospital as cured of fractures, and report the result to this association next year."

Dr. Beard, of New York, delivered a very interesting address upon some of the therapeutic applications of electricity, and the following were his conclusions:

"1. That certain benign tumors—as goitres, enlarged glands, and cysts—can be made to diminish or disappear under electrolysis.

"2. That fatty tumors and enlarged lymphatic glands are usually very difficult to diminish by electrolysis, and sometimes they will not diminish at all.

"3. That malignant tumors will not usually diminish, and rarely, if ever, entirely disappear under the electrolysis, but the pains connected with them can be treated most successfully by electrolysis.

"4. That malignant tumors, when sufficiently accessible and not too far advanced, may be treated by electrolyzing the base or 'working up the base,' as it is termed; and this method promises more permanent cures than have been obtained by the usual treatment.

"5. That certain diseases of the skin—herpes, eczema, and prurigo—may be treated by different methods of using electricity with the highest success.

"6. That diseases of the skin may be treated by local and central methods of using electricity; but some of the most brilliant results in the treatment of chronic eczema have been obtained by galvanizing the nerve-centers, in the method of central galvanization, without making any application to the diseased parts. The results of this method of treatment seem to show pretty conclusively that chronic eczema is to a considerable extent dependent on the central nervous system."

Dr. Gross's address was discussed by Drs. Sayre, Gunn, Moore, and others. In the association a committee consisting of Drs. Gross, Davis, Toner, Sims, and Morris was appointed to report at the next annual meeting upon the suggestions contained in the address.

*Section IV. Medical Jurisprudence.*—Dr. Talley, of Columbia, S. C., president of this section, read a brief paper on the relation of psychology to medicine; and Dr. Howard, of Baltimore, presented an able essay upon emotional insanity, the conclusion of which was as follows:

"We find then that there are certain cases in which the fear of punishment acts upon the minds of persons unquestionably insane with a wholesome and restraining influence, and it seems right and proper that the community should receive the protection which can be given it by the enforcement of the laws in this regard. If it be made certain that punishment will always follow swiftly upon the steps of those who do injury to the persons or property of others, many having the insane temperament will be controlled, and have their powers of resistance to insane promptings strengthened, who might with a less certain prospect of punishment before them give way to their evil impulses."

*Section V. Public Hygiene.*—A report from Dr. Bowditch, of Massachusetts, on a national sanitary bureau, was read, the author taking the ground that the time was not yet come for the establishment of such a bureau, an opinion which was subsequently reflected by the section after an animated discussion, in which Dr. Cochrane, of Alabama, Dr. Kedzie, of Michigan, Dr. Stuart, of Minnesota, Dr. Brown, of Texas, Dr. Westmoreland, of Georgia, Drs. Bell and Thoms, of New York, among others, participated, in the adoption of the following resolution, offered by Dr. H. A. Johnson, of Chicago:

"*Resolved*, That with a view to the establishment of a national sanitary bureau it is expedient at the present time to press, through state medical societies and physicians every where, upon the legislatures of the several states the importance of establishing state boards of health."

Dr. Kedzie read a paper upon the effects of drainage in Michigan upon health, and Dr. Bell one upon drainage in New York. A similar report relating to Virginia, by Dr. Cabell, was presented; also one from Dr. Stuart relating to Minnesota; while Dr. Johnson, of Chicago, reported verbally as to the drainage in Chicago and the surrounding country.

Drs. Kedzie, Stuart, and O'Sullivan were appointed a committee, to report at the next meeting of the association, on ventilation of dwellings, school-houses, and other public buildings; Drs. Baker, Johnson, and Toner a committee to prepare a bill to establish a department of public health at Washington; Drs. Pratt, Armor, and D. W. Yandell as to state boards to examine those desiring to practice medicine or surgery.

The following resolutions, offered by Dr. Fred. Horner, jr., were, after considerable discussion, adopted:

*"Resolved,* That in view of the alarming prevalence and ill effect of intemperance, with which none are so familiar as members of the medical profession, and which have called forth from eminent English physicians the voice of warning to the people of Great Britain concerning the use of alcoholic beverages, we, as members of the medical profession of the United States, unite in the declaration that we believe that alcohol should be classed with other powerful drugs; that when prescribed medically it should be done with conscientious caution and a sense of great responsibility.

*"Resolved,* That we are of the opinion that the use of alcoholic liquors as a beverage is productive of a large amount of physical and mental disease; that it entails diseased appetites and enfeebled constitutions upon offspring, and that it is the cause of a large percentage of the crime and pauperism of our large cities and country.

*"Resolved,* That we would welcome any change in public sentiment that would confine the use of intoxicating liquors to the use of science, art, and medicine."

T. P.



## REMARKS ON HAY FEVER, WITH CASES.

BY RICHARD C. BRANDEIS, M. D.

A few words as to the nature and treatment of hay fever—or, as it is technically termed, *catarrhus æstivus*—may not be amiss, as the season during which it prevails is now near at hand. I feel encouraged to record my experience with this affection, as I have had the good fortune to afford more or less relief in a number of cases.

This disease generally makes its appearance about the time of the hay-harvest, and has been attributed to the irritating influence of the pollen of various grasses on the mucous membrane lining the larynx, the pharynx, and the nasal cavities. Others deny the specific action of the ripening grasses, but think that the disease is due to a peculiar idiosyncrasy which manifests itself when the patient is exposed to any exciting cause, such as the odor of certain flowers, smoke, and dust of various kinds.

The symptoms of this disease generally make their appearance about midsummer, and last for a variable length of time, though generally cut short by the first cool weather. In some cases, however, they last until winter. Their intensity is generally increased by heat and sunshine, if the patient exposes himself to their influence. The agony of the sufferer is sometimes intense, and consists in almost incessant coughing and sneezing, accompanied by an acrid, irritating discharge from the nostrils, which is apt to excoriate the surface over which it may pass. The suffusion of the eyes due to the general irritation is also a marked symptom, and is often a source of great complaint.

CASE I. In August, 1872, I was consulted by Mr. W., a gentleman, aged sixty-one, who had a very severe catarrhal inflammation of the mucous lining of the nasal cavity and

pharynx, accompanied by a thin watery discharge, quite acrid and irritating, and causing continual coughing and sneezing. He told me that he had been similarly affected during every summer for the last eleven years, the attack setting in regularly between the 18th and 25th of July, and lasting until the first frost; *i. e.*, sometimes as long as the middle of November. After this history I concluded that I had a case of hay fever before me, and knowing the intractable nature of the disease I hesitated for some days before beginning treatment. While thinking over the case I remembered that Prof. Helmholtz, of Berlin, had suffered similarly, and obtained marked relief from the local use of quinine.

On August 18th I made the first application to the nasal cavity, injecting half an ounce of a solution of muriate of quinia by means of Schuistzler's spray apparatus. The patient experienced almost immediate relief, and I felt encouraged to proceed with this mode of treatment. Daily applications were made, the pharynx also being treated. Mr. W. was discharged on September 1st, and suffered not the slightest inconvenience until the following August, when he again came to me. I then made use of a solution of quinia and the hyposulphite of soda, which was applied to all the affected parts. The relief was even more marked than during the first trial, and since then the patient has been remarkably free from catarrhal affections.

CASE II. Mr. P., aged forty-one, came to me late in the summer of 1872 with the statement that for seven years he had suffered during almost the entire summer from hay fever, which caused so much suffering that he was unable to attend to his business affairs. On examination I found intense engorgement of the larynx, pharynx, and nasal cavity, as well as great congestion of the ocular conjunctivæ. I made daily applications of the solution of quinine and hyposulphite of soda, which produced a cure after ten days. Although nearly two years have elapsed since that time, I have recently been

told that Mr. P. had not suffered in the least since I had him under treatment.

CASE III. Miss D. had been a victim of this disease for twenty-two years, during which time she had tried every proposed means of relief without obtaining the slightest benefit therefrom. Meantime she had spent two summers in Europe; and, though exposed to the very same influences as at home, only then have her sufferings been at all bearable. The peculiarity of this case is that the disease always lasted until midwinter, and sometimes as long as the following spring.

This patient consulted me in August last, and I felt disinclined to undertake a cure in view of the many fruitless attempts previously made. The patient told me that she had barely slept at all for over ten days, owing to the intense dyspnœa and incessant coughing. Her appetite was also gone, in consequence of which she had grown very feeble.

On August 28th I made the first application of an eight-grain solution of quinine to the affected organs, and prescribed a pill of quinine, muriate of ammonia, and extract of belladonna, to be taken three times daily. I saw the patient twenty-four hours after, and learned that she had rested comfortably during the previous night, and had relished her meals more than usual. I continued my applications on alternate days, and after three weeks Miss D. had recovered sufficiently to take a pleasure-trip to New York, since which time she has been comparatively free from all indisposition.

CASE IV. A gentleman, aged twenty-three, had suffered for two summers. I used the ordinary steam atomizer in his case, and afforded him relief in three sittings.

The success of the above mode of treatment has inclined me to the belief, first advanced by Prof. Helmholtz, that this affection is caused by certain vibrio-like bodies, which attach themselves to the mucous membranes, and by their irritating influence give rise to all the unpleasant symptoms.

ON ELECTRICITY IN CHOLERA INFANTUM.

BY JOHN O'REILLY, M. D.

I have within the last few weeks derived so much advantage from the use of electricity in cholera infantum that I feel that I owe it to the profession to communicate the results of my experience with the remedy. Heretofore electricity has been regarded as an agent particularly adapted to the relief of chronic affections, and its use has been further restricted by the trouble attending its application. From the few trials I have had an opportunity of making with it in the summer complaint of children, I am persuaded it has great efficacy in allaying the gastric irritation which often forms one of the most serious symptoms in that disease. And as to the objection that its use is troublesome, that has been obviated by the ingenuity of instrument-makers, who have devised a battery that may be carried about by a physician in his coat-pocket.

The instrument that I use is one made by A. Gaiffe, of Paris, which is six inches long, three inches wide, and one inch in thickness. This small instrument contains not only the battery but also the implements used in applying the electricity.

The method I have used in applying the remedy is as follows. I apply the positive pole of the battery to the upper portion of the sympathetic and pneumogastric nerves in the auriculo-maxillary fossa, and then apply Duchenne's wire-brush or negative pole to the region of the stomach, liver, and small intestines until the skin is quite red. The operation does not occupy more than five minutes. The effect I have derived from these applications is instantaneous and very satisfactory. The vomiting is usually arrested by one application, and very little other medication is needed. The

recovery appears to be sudden and complete. The battery also appears to have an anodyne effect, for the children generally take a nap after its employment when opiates had failed to quiet them. The following are a few of the cases in which I have used it.

CASE I. June 20th—Found the child of J. M. very restless, crying, tossing its arms and head, purging and vomiting every half hour; discharges large and watery. As I entered the room the child had just finished nursing. Before I was hardly seated it discharged by one effort the whole contents of the stomach. It had passed the whole night previous in this condition. The mother had lost all her children in their second summer. I applied the interrupted current immediately over the regions above mentioned. I likewise ordered hydrarg. submur. gr. j, pulv. Doverii gr. j, to be given in an hour after I left, and the child in the mean time to have nothing but pounded ice. I visited it again at 6 P. M. the same day. The mother informed me that it had had three operations since my morning visit, and had vomited three times. It had not vomited, however, for four hours after the application of the electrical current, and had drunk water several times. I made another application as in the forenoon, but gave no medicine.

June 21st—The child was sleeping quietly; had had but one operation since previous evening, and had not vomited after the last faradization; slept all night, only waking twice to take the breast.

CASE II. Called, June 21st, to child of B. C., which had had frequent large watery discharges during the night, and could retain nothing on its stomach; intense thirst and fever. Gave hydrarg. submur. gr. j, pulv. Doverii gr. j; ordered all nourishment stopped, and to get ice-water or pounded ice. Saw him again in the evening at 6 P. M.; bowels not moving nearly so often, but vomiting as bad as ever. I now applied the interrupted current.

June 22d—Visited the child at 9 A. M. Has not vomited since I used the electricity. Has taken milk and water this morning without even nausea.

CASE III. Visited child of N. A., June 21st, at 8 A. M. Had been purging all night, and this morning commenced vomiting. The stomach was not so irritable as in either of the other cases; discharges were sometimes watery, sometimes greenish, with curdled milk and mucus. Ordered hydrarg. submur. gr. ij, pulv. Doverii gr. ij, two powders, one to be taken immediately, the other at bed-time. I also gave acetate of lead.

Visited the child again, June 22d, at 9 A. M. Symptoms scarcely changed; vomiting the same; purging not so bad; will not touch the breast. I applied the electricity over all the regions specified until the surface was perfectly red, and ordered treatment continued.

Visited patient again June 23d. After the application of the faradic current on day previous the vomiting had ceased entirely, and the child had slept some hours. This case received no further treatment.

In the first case I resorted to electricity at once, because from the violence of the attack there was danger that the child would sink under it. In the second and third cases I delayed its application to see if the vomiting would yield readily to other remedies. The experiment proved the importance of faradization, for when introduced the symptoms yielded to remedies that had formerly proved inert. Now that we are supplied with such complete electrical appliances in so compact a form, there is no reason why this remedy should not come into more general use. I hope it will be tried in the vomiting of children laboring under cholera infantum.

LOUISVILLE.

## COMPOUND FRACTURE OF FIBULA.

BY GEORGE N. MONETTE, M. D.,

*Visiting Physician to the Charity Hospital, New Orleans.*

R., twenty-two years old, was injured by a car, suffering a compound fracture of the left fibula, with a lacerated wound of the external belly of the gastrocnemius near the popliteal space. The edges of the wound were first approximated, but extensive sloughing and suppuration required them to be left open. The parents of the young man, in their anxiety to subdue the severe inflammation, transcended the attending physician's direction in the use of ice, and packed the limb in it, absolutely freezing it.

On the third day I was called to see the case, and found the patient with symptoms of gangrene, the wound sloughing, inability to take nourishment, restless, and sometimes delirious. There was great coldness of the limb, and all attempts to re-establish the circulation and restore normal temperature were ineffectual. I injected the wound with a solution of carbolic acid, directed one fourth of a grain of morphia every hour until relieved, and stimulants and nutritious food. Temporary improvement ensued. Was sent for early next morning, and found the limb gangrenous. The inflammatory line of demarkation was three inches above the knee. Amputation by the circular method at the lower middle third of the thigh was performed; but little hemorrhage; re-action took place well. Scruple doses of chloral were given to palliate pain and produce sleep, with desired results. Tetanic symptoms appeared in three days, and continued unabated until death, which occurred five days after the operation, ten days after the injury. Pyæmic symptoms were present, as the convulsions were of a modified tetanic character.

NEW ORLEANS.



## Reviews.

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**A Treatise on Therapeutics**, comprising *Materia Medica* and *Toxicology*. By H. C. WOOD, JR., M. D., Professor of Botany and Clinical Lecturer on Diseases of the Nervous System in the University of Pennsylvania, etc., etc. Philadelphia: J. B. Lippincott & Co. 1874.

This work considers especially the application of the physiological action of drugs to clinical medicine. Its aim is to place *materia medica* upon a basis more scientific than that with which the profession has heretofore rested satisfied. The conception has something captivating in it, and every attempt thus to remove therapeutics from the field of empiricism deserves encouragement and applause. We want a better method than the well-tried one of clinical experience, which, however much it has done for our art, labors under this serious drawback, that its results lack certainty. What seems to be established one day is too often cast aside as a fallacy the next; and so it must be while remedies rest upon their present foundation.

We read, some years ago, with great interest, the work of Dr. Wood on sun-stroke, and from his manner of handling that subject we took up the volume before us with high expectations. It was written because the author felt that there was a need for "a book into which should be gathered the many scattered facts in regard to the physiological action of medicine; a book in which an attempt should be made to sift the true from the false, to reconcile seeming differences, to point out what we know and what we do not know, and to give a platform from which investigators might start for-

ward without the necessity of being, as is so often the case, ignorant of what was already achieved, or of spending a great deal of time in a wild hunt through the almost boundless but often scattered and inaccessible ranges of continental literature;" and in writing it we express a confident belief that he has conferred a substantial favor upon the profession.

The plan of the work is to make the physiological action of remedies the principal point in discussion; but then, as we are unable yet to point out to what morbid processes such action gives relief, the clinical method has been resorted to as a necessity to supplement the scientific plan. And so a treatise on *materia medica* has been produced which looks to the completion of a method which shall be scientific—a method the perfection of which may be very distant still, but for the accomplishment of which we must as a profession never cease to strive. Toxicology forms a natural appendage to such a work, since it was necessary to study the action of poisonous drugs upon man in order to make out their physiological action.

It is difficult to be original in a work on *materia medica* and toxicology, but there is in the cast and matter of this volume an air of originality which is very pleasing; but its greatest value consists in its research and the accuracy of its statements, and these qualities, we are persuaded, will soon render it a general favorite with the profession.

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**A Manual of Toxicology.** By JOHN J. REESE, M. D., Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania, etc. Philadelphia: J. B. Lippincott & Co. 1874.

The author of this work conjectures that some readers will ask why another treatise is added to the already numerous volumes on toxicology. The field upon which he has entered, he admits, has been very thoroughly explored by others, and

yet he hopes that his manual will be found useful on account of the simplicity of its style and phraseology. We believe it will. Without any pretensions to originality, he has embodied in it the learning and experience of toxicologists in a form that will prove eminently useful. If it should have the effect of fixing the attention of practitioners more decidedly upon the medical jurisprudence of poisons, it will render a great service to the profession. The subject is one of great inherent interest, and we hardly know a book which a physician could take up with a better prospect of entertainment than one treating of poisons. But, apart from this, the prospect of being called upon at any time to testify in cases of suspected poisoning ought to incite every physician to the study of toxicology. Dr. Reese has increased the attractions to the study, at the same time that he has improved the facilities for it, in the manual which the publishers have issued in a neat and tasteful dress.

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**A Universal Formulary.** By R. EGGLEFIELD GRIFFITH, M. D.  
Philadelphia: Henry C. Lea. 1874.

This work has reached the third edition, and the editor, John M. Maisch, Ph. D., has in the formulary alone added three hundred pages to its contents. A more complete formulary than it is in its present form the pharmacist or physician could hardly desire. To the first some such work is indispensable, and it is hardly less essential to the practitioner who compounds his own medicines. Much of what is contained in the introduction ought to be committed to memory by every student of medicine. As a help to physicians it will be found invaluable, and doubtless will make its way into most libraries not already supplied with a standard work of the kind. It would be well indeed if nurses and patients

knew all that is written under the head of management of the sick-room; for then not only would the comfort of the sick be greatly increased, but the success of our remedies. Temperature, cleanliness, quiet; how much these have to do in meliorating the condition of invalids none know so well as the experienced physician, except those who have suffered themselves in the sick-room.

Griffith's formulary is a book which the practitioner may purchase with the utmost confidence that he is getting a work of the highest character.

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**A Treatise on Pharmacy.** By EDWARD PARRISH, late Professor of Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy, etc. Philadelphia: Henry C. Lea. 1874.

We have here an encyclopedia of pharmacy, of equal value as a text-book for the student and as a guide for the pharmacist and physician, which has reached its fourth edition. A work which has gained such a hold upon the confidence of the profession stands in no need of the recommendation of the press. But the changes made in it by its editor, Mr. Thos. S. Wiegand, in conformity with the views of the author expressed before his death, have decidedly enhanced its value, and we take pleasure in calling attention to it in its present arrangement. The lamented author was stricken down while zealously engaged as a peace commissioner to the Indians, a circumstance which gives a mournful interest to this edition of his popular treatise.

We have called the treatise an encyclopedia as the name most descriptive of its character—a work in which may be found all that the pharmacist or student of medicine need to know of pharmacy. On whatever point of pharmacy he may be seeking information, he will be fully instructed in this

hand-book, which is heartily recommended as fully up to the times. And we take pleasure in adding that its mechanical execution is equal to the high scientific merits of the work.

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**Observations on Cholera.** By JOHN MURRAY, M. D., Inspector-General of Hospitals, late of Bengal. New York: Putnam's Sons. 1874.

The author of this little work speaks with authority of the pathology and treatment of cholera, which he has encountered in its own native jungles; and yet it can not be expected that by any utterances of his he will bring the minds of medical men to an agreement touching many points connected with the disease. Nay, we can not see that he has settled a single one of the many questions that have been discussed for nearly half a century in regard to its origin, its pathology, or its treatment.

The only rational system of treatment lately proposed, as it strikes Dr. Murray, is to eliminate the poison of cholera by means of purgatives; but to this mode there is, he thinks, the formidable objection that increased action of the bowels is likely to become uncontrollable and to end in collapse. And as to saline cathartics and the whole class of hydragogue purgatives, this seems to us a serious objection; but to calomel the objection does not apply. Calomel generally checks watery purging and brings away consistent evacuations. It may be given without any fear of its increasing serous discharges in the worst cases of cholera. Its action, if any, is to arrest them. But we are giving our own and not our author's views on the subject.

In cholera Dr. Murray has remarked that most cases are characterized by a stage of *malaise*, and in this stage he considers quinine useful, as tending to improve digestion. For

the stage of diarrhea he recommends a pill composed of one part opium, two parts black pepper, and three parts asafetida, divided into five-grain pills, to be given after every second stool. Calomel and opium, he says, were used in India with advantage. The objection to opium alone or in combination with alcohol is that it tends to suppress the secretions of the stomach, kidneys, and liver, the re-establishment of which is essential to recovery. He regards astringents—acetate of lead, gallic acid, sulphate of iron, etc.—as useless if not injurious. Three grains of calomel with one grain of opium, followed in six hours by a table-spoonful of castor-oil, he has found useful in restoring the secretions. Quinine in small doses restores appetite and guards against a recurrence of the symptoms. In the stage of collapse he allows ice-water, gives quinine, camphor, ammonia, red pepper, and above all calomel in small doses. The chief reliance, however, is upon the *vis medicatrix*, and all these remedies are simply auxiliary to nature. The expectant treatment is better than strong remedies in this stage of the disease.

This little treatise, which is eminently practical, abounds in details which have great interest for the practitioner; and to all who live in regions where cholera has prevailed, and is therefore likely, sooner or later, to appear again, it is recommended as of unquestioned authority.

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**The Chicago Journal of Nervous and Mental Disease.**

Edited by J. S. JEWELL, M. D., and H. M. BANNISTER, M. D.

This journal is edited by J. S. Jewell, M. D., Professor of Nervous and Mental Diseases in the Chicago Medical College, assisted by H. M. Bannister, M. D., and is to be issued quarterly. The numbers published give evidence of great ability, and we sincerely hope that the proprietors may be encouraged

in their work. Nothing connected with medicine possesses greater interest than affections of the nervous system, including those termed mental, and it appears to us that the time has arrived when a journal devoted to those subjects will be supported. The profession could hardly ask a better exposition of nervous troubles than the journal before us promises to afford.

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**The Psychology of Skepticism and Phenomenalism.** By JAMES ANDREWS. Glasgow: James Maclehose. 1874.

We have not for a long time met with a work more eminently metaphysical than the one before us. It is worthy of the analytical mind of Mr. Herbert Spencer or of Sir Wm. Hamilton. The author's mind has been trained in that severe school which has developed in Scotland some of the profoundest metaphysicians of our age. But it is a work of which we can give our readers no satisfactory analysis. The argument is condensed to a degree that renders further condensation impossible. The thoughts could not be clearly expressed in fewer words than have been employed by the author to express his meaning. Premising that Mr. Andrews uses the word "phenomenon" not in the usual sense, but as signifying "that which appears to be, but is not what it appears," we make a single extract from his essay as an example of its philosophy and of the style in which it is presented:

"It is self-evident that if we were, in the strict sense of the word, conscious of all our knowledge, no delusion—phenomenon—could possibly arise; and it is equally clear that if all our knowledge were unconscious, the result would be the same. The latter is no fanciful state. It is the normal condition of all animals without a cerebrum, whether normally, as in many, if not all, of the invertebrate, or pathologically. They differentiate nothing consciously; they move, but know



not where, or why, or when; they see, but they know not color as distinguished from sound, which they hear equally unconsciously. They know not their ego as such; they have senses and perceive, but they know not any thing as such; they know neither self nor not self as such; they can not become mad or deluded, for they have never made any distinction as such. \* Even in man this is the case where absence of the cerebrum occurs or where it is functionless. Anencephalous specimens of humanity, if allowed to live, would be guileless men and perfectly free from error; they would neither hope nor fear, have expectations nor disappointments. The same psychological state ensues when the cerebrum is functionless, whether congenital or acquired. When congenital, and the cerebrum, though present, does not act at all, we have perfect idiocy."

To a certain class of minds the line of thought in this essay is intensely interesting, but it is one from which most readers will turn away as requiring too much thought.

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**Archives of Electrology and Neurology.** Edited by GEO. M. BEARD, M. D.

Dr. George M. Beard, of New York, has issued the first number of a journal with the above title, which is to be devoted to a limited department of medicine. It speaks well for the profession that there are readers enough interested in these subjects to sustain a journal. We hope this will be the fortune of the admirable work here projected by Dr. Beard. Of course the large number of practitioners who are making a specialty of electrology and neurology will subscribe for his journal; but the subscribers ought not by any means to be limited to these specialists. Every physician will find it instructive and valuable.

## **Clinic of the Month.**

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THE TREATMENT OF TYPHOID FEVER.—Dr. T. B. Peacock, senior physician to St. Thomas's Hospital, in a clinical lecture on this important and often-discussed subject, spoke (*London Lancet*), in his usual practical way, as follows:

"I have a few remarks to make in reference to the treatment of cases of fever. We are all agreed as to the importance of carefully regulating the diet of a patient in the active stages of the disease, and of rigidly enforcing his being kept in bed; but I doubt whether, in typhoid more especially, the importance of continuing the same precautions sufficiently long during convalescence is generally realized. The frequency with which relapses occur in typhoid is a peculiar feature of the disease, and probably they can not be entirely prevented; but I believe they generally result from the patient being allowed to indulge his appetite too freely, or to leave the bed too soon; and I think that the very small proportion of relapses that have recently occurred in my cases—only two in sixty-five—has been mainly due to the unceasing care which I have taken to prevent either of these mistakes being committed. Probably the cessation of the symptoms of active fever indicates the period at which the mischief in the alimentary canal ceases to progress, but after this the ulcers take a long time to heal. I have known a patient to die on the eightieth day, and the ulcers to be still not entirely healed. During the time that there are any remains of ulceration it is most important that the bowel should be kept as quiet as possible, and the patient be persistently fed on the lightest and most easily assimilable food, so that no accumulation may

take place. For the same reason the food should be given only in small quantities and at regular intervals. These rules I steadily enforce, however long may be the duration of the attack, while the tongue still continues furred, and there is diarrhea or tenderness or inflation of the abdomen; and I confine the patient to bed, or at least to the recumbent position, till he has recovered considerable strength. I have known a patient die of perforation when he had apparently so completely recovered as to be allowed to leave the hospital, the untoward event having been caused by his indulging too freely in food perhaps not of a digestible character. It is also of great importance to avoid exposure to cold during convalescence; for patients in the weekly state, which after severe typhoid is so very persistent, are very susceptible to cold, and readily suffer from bronchitis or pneumonia. All excitement of mind should also be avoided. I have known a patient from neglect of proper care in this respect to suffer from acute and fatal cerebral inflammation when he seemed to have almost completely recovered.

"There is some difference of opinion among practical men as to whether it is better at once to restrain the diarrhea in typhoid or to leave it alone unless very severe. In the early stages of typhoid there is usually diarrhea. As the case progresses the stools generally become less frequent and more consistent; and toward the end of the attack the bowels are usually confined, and sometimes very obstinately so. This would appear to indicate that the right line of practice is to leave the case alone, unless the diarrhea be so severe as to imperil the safety of the patient, in which case it should, if possible, be checked. I however, while refraining from giving astringents in cases of ordinary typhoid, regard the frequency of the evacuations as in part indicating the amount of stimulus and support which should be given to the patient, and I believe that this rule will generally be found to answer.

"When in case of typhoid the bowels become confined,

much caution is required in the exhibition of aperients. Enemata are always safe, and generally will procure sufficient relief; but sometimes, and especially when the patient is taking a fair amount of food, more free evacuation may seem to be required; and yet the mildest aperients may bring back the diarrhea and cause a relapse. The rule which I generally follow is not to interfere so long as the patient is apparently not suffering from the bowels not being acted upon, and this even though several days should elapse; but if the patient complains much of sense of fullness, or experiences uneasiness or pain, and especially if the abdomen becomes tumid and tender, the bowels must be relieved. Under the circumstances I generally order a dose of calomel and opium, one or two grains of the former to two of the latter, and follow this by a small dose of castor-oil and by an enema if necessary; and the effect of one or two doses of this kind is almost always to procure full and satisfactory evacuation, after which the symptoms generally entirely subside. You will recollect that in the case of the nurse the bowels were not acted upon for six days, at the end of which time threatening symptoms appeared, but entirely subsided under the course of treatment which I have mentioned. Similar symptoms also occasionally occur, during even advanced convalescence, from too much food or food of any improper kind being taken, and they are best treated in the way I have stated.

"The last remark which I have to make is in reference to the employment of stimulants in the treatment of fevers. Some years ago, under the influence of teaching which I can not but regard as mistaken, stimulants were so largely given in fever and other forms of active disease as to constitute almost the whole treatment, and make it often difficult to decide, when patients were seen, how much of their condition was due to the disease under which they labored, and how much to the treatment employed. Now, however, a more

judicious system is followed, and stimulants are less constantly and freely given. But there seems danger that in the reaction the discontinuance of the use of stimulants should be carried too far. Believing, as I do, that the abuse of fermented beverages is the greatest social bane in this country, I should have been glad, could I conscientiously have done so, to have recommended the entire abandonment of the use of stimulants in the treatment of fever and other forms of disease. To do so would, however, I believe, be to deprive ourselves of one of the greatest means of alleviation which we possess, though one which requires great care in its use. It would be very much more satisfactory if the employment of these and other remedies could be reduced to some definite and scientific rules; and endeavors have been made, by the careful analysis of the results of the different methods of treatment, to deduce such general rules. But the cases which we have to treat are so variable in their character that it is impossible so to classify them as to be sure that the cases compared are really similar, and that the results obtained are to be depended upon as exact. I fear therefore that we must be content still to leave to the judicious physician the choice of the means of treatment to be pursued in any given case, guided by his knowledge of the disease he has to treat, and his experience of the results of the means employed in other similar cases. So far as the use of stimulants is concerned in the treatment of fever, it is impossible to lay down any general rules; but I believe them to be eminently beneficial when given when the active stage of the disease is subsiding, and the patient's power is beginning to give way, with the view of upholding the strength while the disease is in process of cure. If the patient is much prostrated and the pulse weak, intermittent, or irregular, or abnormally slow, they may confidently be given; and if under their use the patient becomes less restless, the pulse improves in character, and the prostration diminishes, they may safely be persevered with. The amount

of stimulus which is required must also be left to the discretion of the practitioner; but generally it is more advantageous if exhibited in small doses, repeated when the effect begins to subside. If a given dose exhibited at certain stated intervals seems to excite the patient, it does not follow that no stimulant is required; it may rather be that the dose is too large and the repetition too frequent. When the patient's strength becomes greatly exhausted, as it often does when the crisis of the disease is passing or passed, the very liberal exhibition of stimulants may be necessary; and as the weakness becomes less and more food is taken, the quantity may be greatly lessened; but I think it is a great mistake to suppose that because the patient can be got to take a large quantity of food the use of stimulants is unnecessary. Food, as I have before said, may easily be given too freely. The best results ensue from the judicious combination of moderate amounts of food and stimulus, and this is especially the case at the period of early convalescence. In estimating also the desirableness of administering stimulants in any given case, the question to be asked is not simply whether the patient will recover without their use, but whether he will make an equally good and rapid recovery without them. Typhus and typhoid are diseases of very variable severity, and this is especially the case with typhoid, and there are some cases of both forms which will do very well without any stimulant at all. But, on the other hand, I have not unfrequently seen, in cases of fever which have never been very severe, that the patient will go on from day to day without making any material progress so long as stimulants are withheld, while on the exhibition of a small amount of wine or spirit there has been a marked and quite unmistakable improvement in the condition of the patient, and the case has afterward steadily progressed to recovery. What I would wish to impress upon you is, not that you should make up your minds to give or not to give stimulants in cases of fever, but that you should

hold yourselves free to have recourse to them or not to use them, according to the apparent requirements of the several cases which you have to treat. There can be no worse fault in medical practice than to adopt a hard-and-fast rule as to the plans of treatment or special remedies to be employed in any form of disease. You should endeavor to make yourselves fully acquainted with the nature of the disease you have to treat and the condition of your patient, and then prescribe the course of treatment which you think will most conduce to his recovery."

ESMARCH'S BLOODLESS METHOD.—At the Congress of the German Surgical Society at Berlin, in April, an animated discussion followed a paper read upon the above subject by Prof. Esmarch, the originator of the method. The results of the operations in the Kiel Hospital have been very successful since the introduction of the elastic bandage, only one fatal case having occurred in ten of amputation of the thigh, and one in eleven of amputation of the leg. The advantages claimed for the new method are that sponges and digital compression are dispensed with, a uniform pressure exerted on the soft parts, primary adhesion favored, the administration of chloroform in small operations rendered unnecessary by the local anæsthesia which is induced, and serious operations rendered possible by a single surgeon on the battle-field or in the country. In post-partum hemorrhage also the application of the bandage to the lower limbs may save life. Prof. Esmarch confessed to an objection, raised by Hasse, that obstinate capillary bleeding may follow the removal of the bandage, but said it might soon be checked by forceps and water. Prof. Langenbeck spoke very highly in favor of the method, and referred to its great value in operations on the scalp, and especially in the removal of vascular tumors from that situation. Care must be taken, however, in the application of the bandage, particularly in the case of the arm, not



to injure the nerves by severe compression. Dr. Bryk, of Krakau, related a case of amputation of the thigh for necrosis about the knee, where fatal pyæmia might have been due to the elastic bandage forcing pus or thrombi from the seat of the disease into the circulation. To this Prof. Thiersch replied that Esmarch had urged the necessity of care in such cases, and that the compression should be begun above the seat of the disease only. Esmarch himself said that in the case of disease about the knee he first bandages the leg, then raises it, passes the bandage lightly over the knee, and again applies it more tightly above the seat of the disease. Somewhat conflicting opinions were expressed by several of the members on the effect of the bandaging on the nerves of the parts, and on their consequent anæsthesia during operation. (*Medical Times and Gazette.*)

**TREATMENT OF ULCERATION OF RECTUM.**—It is the experience in the Charity Hospital of New York that in ulceration of the rectum, whether it be venereal, the result of stricture, or any other cause, the application of iodoform is of more benefit than any other agent in hastening a cure and relieving pain. It may be either used in solution or as a suppository. The solution is made by adding from half a drachm to a drachm of iodoform to two ounces of glycerine, and half an ounce used at a time. The suppositories are formed from butter of cacao, each suppository containing five grains of iodoform. Before using it evacuate the bowels by means of a purgative or enema, then apply the iodoform at night. (*New York Medical Journal.*)

**CHANCROIDS.**—In the same hospital these sores are first cauterized by pure nitric acid, or the actual cautery, when iodoform proves to be one of the most satisfactory applications. In chancroids of a chronic nature, where the sores have a whitish look, resembling a diphtheritic exudation,

bromine has proved to be a most serviceable agent. The method of application is to brush a solution over them two or three times a day. The solution is made by adding half a drachm of Squibb's solution of bromine to an ounce of water. (*Ibid.*)

THE SULPHIDES IN FURUNCULAR AFFECTIONS.—Mr. Louis Lewis (in the *Lancet*) says: "A patient applied to me suffering from an eruption of boils, which appeared in successive crops and exuded a thin ichorous pus. I prescribed the sulphide of calcium in small frequently-repeated doses (not more than a grain altogether during each day). It was given simply in water, and no other medicine was used. In a few days the pus became creamy and laudable, the inflammation became limited in area, and the boils rapidly died away, no fresh crop appearing." (*Medical Record.*)

NEW METHOD OF CAUTERIZING ULCERS, ETC.—Dr. Thores states that the following method of cauterizing affords the best of results, especially for ulcers, granulations of the cervix, fissure of the anus, etc. This consists in first cauterizing the part with a stick of nitrate of silver, and then immediately touching the white eschar thus produced with a stick of zinc. The eschar at once becomes black and hard; it becomes detached in from twenty-four to seventy-two hours, and exposes a clean sore, which generally cicatrizes very promptly. (*Gazz. delle Clin.—Ibid.*)

HYPODERMIC INJECTION OF ERGOTINE IN VARICOCELE.—In a case of varicocele which had existed for a long time Dr. Bertarelli, of Rome, injected a solution of ergotone under the skin of the scrotum. The solution consisted of ergotone, one gramme; water, with a little alcohol, two grammes. The patient was ordered to maintain absolute repose and to make local application of cold compresses. The next day the

varicosities had disappeared. The success was complete after another injection, which was attended by but slight local reaction. Dr. Cittaglia had cured another case of varicocele by the same treatment. By the eighteenth day nearly all the varicosities had disappeared, and there was nothing but a slight induration of the corresponding testicle to be observed. (*Alm. di Thérapie*, 1874.—*Ibid.*)

THE TOPICAL USE OF CHLORATE OF POTASH.—Professor Gosselin thinks the chlorate of potash superior to all other local remedies in mercurial stomatitis. It does not, like some others, injure the teeth, but frequently does not act with the promptness desired. Professor G. uses a saturated solution of chlorate of potash, and when there is much pain he adds laudanum and cherry-laurel water. Pledgets of lint are to be wet with this solution and placed between the gums and the cheek, above and below. The lint is retained several hours, and may be renewed two or three times a day. (*Franc. Méd.*—*Ibid.*)

TREATMENT OF CEREBRO-SPINAL MENINGITIS.—Concerning this vexed question Dr. Dowse, of the Central London Sick Asylum, says:

1. It has to be considered how to relieve the vessels of the cord, and to equalize the action of the vaso-motor system of nerves. Nothing appears to be of greater service in effecting this than the ergot of rye and belladonna. The former he has prescribed in decided doses, such as half a drachm of the powder every four hours; and the latter he has applied to the spine in the form of a belladonna paste, made by mixing the extract with one third its weight of glycerine.

2. To check the reflex vomiting small pieces of ice must be swallowed, not sucked, as the full effect of its sedative influence upon the stomach is thus obtained.

3. To relieve constipation Dr. Dowse prefers the adminis-

tration of a pill of the watery extract of aloes, for the reason that it acts upon the mucous membrane of the rectum and dilates the hemorrhoidal veins.

4. To relieve sleeplessness both chloral and bromide of potassium have proved ineffectual, but what he found of most service was a suppository of eight grains of the extract of henbane, with four grains of the extract of conium.

5. One essential practical point must not be forgotten—namely, to keep the paralyzed bladder constantly free from urine. It is not sufficient to draw off the water night and morning, which is the course usually adopted, but a self-retaining catheter must be kept continually in the viscus.

6. In reference to diet, it ought to be both nutritive and stimulant from the first.

7. There is a stage in the treatment of this disease where quinine in large doses becomes of the most signal value—at that crisis when exhaustion appears imminent; the skin covered with sweat; temperature  $102^{\circ}$  to  $105^{\circ}$ ; pulse small, weak, and over 120. But more especially is quinine invaluable when rigors supervene, when it never fails to have a good effect. It must, however, be given in ten or twenty-grain doses; and, if the stomach can not tolerate it, must be introduced into the system by the rectum.

8. The abstraction of blood in any manner is not advisable. (Medical Times and Gazette.)

## Notes and Queries.

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THE HOSPITAL OF ST. MARY AND ST. ELIZABETH.—The following report of the opening of this new hospital we abstract from the *Courier-Journal* of the 2d and 3d of June. Yesterday afternoon the faculty of the Medical Department of the University of Louisville, a large number of the most prominent physicians of the city, about forty medical students, a number of distinguished members of the city council, and many of our most prominent and wealthy citizens, with a goodly number of ladies, assembled at the new hospital of St. Mary and St. Elizabeth, corner of Twelfth Street and Magnolia Avenue, to witness the dedication of this magnificent institution. The greatness of a city may truly be said to be expressed by the facilities she enjoys for the relief of her indigent sick. A little balm and a few nights' shelter from the merciless storm may save many a fellow-creature from the torture of disease that may cripple for life.

The hospital is furnished in a most elegant manner. There are six public wards and a large number of private rooms handsomely furnished. The whole is under the superintendence of Sister Lucy, of Nazareth, aided by seven others.

The faculty of the University of Louisville are to become the regular attendants upon the wards. The patients, however, are at liberty to choose any physician they please without any expense to the institution.

After passing through the entire building the visitors were ushered into the capacious dining-room and partook of a collation. The Hon. Wm. Kaye was introduced by Professor John E. Crowe, and in the absence of Mr. Jacob, the mayor

of the city, tendered thanks on behalf of the city council for the gift of so magnificent an institution to the sick poor of Louisville. Mr. Kaye declared that our municipal legislature is ever ready to aid in the amelioration of suffering humanity. Dr. D. W. Yandell, being called on, said:

"MR. MAYOR—You may remember that in that imperishable record left by the ancient law-giver he informs us that he was instructed by his Master to build six cities, to be called cities of refuge. Three were to be on this side the river Jordan and three in the land of Canaan. They were to be set aside as so many places of refuge to which persons overtaken by accidental calamity might flee and escape the avenger; and that these cities might be free to all men it was especially declared that they were not only for the children of Israel, but for the stranger and the sojourner. To make sure that all would know the situation of these havens of safety, finger-posts were placed along the roads which led to them that no time might be lost by the victim of accident in finding his way to their protecting walls. Untold centuries after, but animated by the same spirit which directed the pen of Moses, an untitled citizen has erected here a house of refuge to which the people of every nationality and of every creed, the stranger and the sojourner, may come in time of trouble; and while within its walls may, like the people of old, often escape the most relentless of all enemies.

"Sir, it was my privilege to have enjoyed the friendship of the founder of this hospital. Some years ago, while in New York, talking one evening to him on the subject of hospitals, I remarked that a great defect in the management of most of them in America lay in the fact that they soon became overcrowded with incurables, and that, if I ever had the entire management of one, I would admit only cases of acute and otherwise curable disease. In his earnest, quiet, sweet way he said, 'When I build you one your wishes shall be realized;' and in the charter of this he has incorporated a special provision to this effect.

"Mr. Mayor, the opening of a hospital is justly regarded as a most important event in the history of a city. It is now more than fifty years since two gentlemen, Capt. Thos. Bullitt and Mr. Thos. Prather, names made familiar to every resident of Louisville by a long line of worthy descendants, gave to the city for hospital

purposes the beautiful square on which the present City Hospital now stands. Twenty-five years after the National Government erected a hospital, of which it still retains charge, for the care of the hardy men who navigate our rivers and inland seas. To-day we are called upon to celebrate the opening of an institution which has been created by the munificence of Mr. Caldwell. To have erected this commodious structure and dedicated it to God, and then set it aside for the perpetual use of those whom he has declared we shall always have with us, is, in my opinion, to have performed an act which, dictated as this was by love\* and refined by religion, may justly be counted as one of the very noblest which has yet been done among men. Nor will it, so long as there is disease in the world, be forgotten. Such deeds can not die. 'They, like the sun and moon, renew their light forever, blessing those that look on them.' Henceforth the poorest and most ignorant man, if he be but an inmate of this house, will have at his command the same professional skill which ministers to the luxurious dwellers in the palaces on Broadway. All the resources of the science and all the cunning of the healing art are his—his by day and by night, and without price. And more than this: here he will have the gentle Sisters of Nazareth, whose peaceful faces, noiseless footfalls, and voices musical with sympathy will be ever around his couch.

"The care of the sick poor of this noble charity has been delegated to the Medical Faculty of the University of Louisville. I stand here to-day, in the name and as the representative of that body, to pledge you in presence of these witnesses that the utmost fidelity and the tenderest care shall be given to this great trust.

"Mr. Mayor, I would rather have founded this hospital than been the commander of a victorious army. Nay, sir, I would rather have my pathway to the better land—as Shakespeare Caldwell's will be—bedewed by the grateful tears of the sick poor restored to health, than made luminous by banners won on a thousand battle-fields.

Professor J. W. Holland was next called for and spoke as follows:

"In surveying these wards and their accessories, the provisions for shelter, for ventilation, for solid comfort they afford, we recognize that the noblest of human enterprises, a perfectly-equipped

\*The hospital was erected by Mr. Caldwell as a memorial to his wife, a lady reared in this city and possessed of all the virtues which adorn the best of her sex.



hospital, is to-day dedicated to the most humane uses. With us it stands immeasurably higher in rank than the grandest piece of architecture whose sole object is to perpetuate the builder's name. The Egyptian constructed a meaningless pyramid, which in the end is but a puzzle to antiquaries. The lamented founder of this hospital, with the proceeds of honorable toil, rears not a pile of huge stones quarried by groaning multitudes and cemented with their tears and blood, but a perishable house, where groans are to be hushed in easy sleep, where tears of anguish are to be dried, where flowing wounds shall be stanchd and healed.

"Even when these walls shall crumble, as did his bodily frame, the good work done in them shall, like his benevolent deeds, influence for happiness many men and women through countless years.

"In common with all men we honor and thank the man who liberally endows a university; we delight to acknowledge the generosity of him who presents to his fellow-men a museum of art; we revere the practical piety of him who builds a church to his religion; but as humanitarians we can but think that accumulated wealth has served its loftiest purpose when it is devoted to an institution like this. In a hospital the powers of the body are strengthened at their utmost need, while high faculties of the mind and broad religious sympathies may here have the rarest cultivation. Besides its chief function, the care of the sick, it is the best school for the physician to train his faculties, mature his judgment, and acquire the ready skill and confidence necessary in the practice of his profession. Here does the devotee of charity find her fitting sphere. Here, like ministering angels, shall be found, in long watches by the couch of pain, these saintly sisters, the Healer by Gennesaret walking the rounds with them to guide and comfort them. Many a sufferer who has been chilled by the world's cold neglect in their presence shall take heart again as the *idea* of their lives steals into the soul. Upon men made grasping and selfish by the hard experience of life the memory of Shakespeare Calwell shall descend, like the angel upon Siloam's pool, to stir the emotional deeps and restore the morbid spirit to the pure health of charity."

At the conclusion of Professor Holland's speech Dr. L. P. Yandell, in response to a toast, said:

"MR. PRESIDENT—I had not the least expectation of being called upon to say any thing on this occasion, and after the eloquent

speeches of the gentlemen who have spoken I really feel that any thing I might say would be superfluous. But the occasion is one of so much interest to me, the charity in honor of which we have met here this afternoon so noble, especially the gift of its founder is so magnificent, that I am impelled to express the feelings of gratitude with which they fill me.

"Half a century ago, as you have just heard, Louisville was without a hospital. Dr. McMurtrie, her early historian, wrote, in 1819, that 'not a hut or shelter had been provided for the homeless victim of disease.' Two of her generous citizens moved for the remedy of this great want, and the Marine Hospital on Chestnut Street is the result of their liberality. Capt. Thomas Bullitt, who surveyed the ground on which Louisville is built, in 1773, united with his friend, Mr. Thos. Prather, fifty years after, in the princely gift to the city of the ground on which the hospital stands. That institution is a monument to the memory of those public-spirited men more durable than brass or marble. Mr. Caldwell, following in the same noble path, has rendered his name illustrious. Thousands yet unborn will rise up to bless his memory.

"Hospitals are institutions of the Christian era. They were unknown until the Savior of men came and preached the gospel to the poor. As a citizen of Louisville I experience a feeling of no ordinary delight that its resources for alleviating the sufferings of the poor have been again enlarged by the erection of this beautiful and comfortable edifice.

"It is an interesting fact that this hospital is to be associated in its administration with another institution in which the citizens of Louisville have always taken a deep interest. I allude to her university. The medical professors of the university are, as I understand, to be the physicians and surgeons of this noble charity. The poor man who comes here for medical aid will thus command the best medical talent of your city. All that science and art and skill can do for his relief will be fully extended to him. And as the school founded by the liberality of the city advances and aids in perfecting the profession, your hospitals will be more efficiently administered; and at the same time that the hospitals are reaping benefits from her university, her university is deriving great advantages from her hospitals. It is in them that disease is studied most successfully. It is by them that the great improvements in medicine are made. Thus they mutually aid each other, and thus

every new hospital founded in our city helps to widen the fame and the usefulness of our university.

"In looking through the wards of this fine edifice it is a most delightful thought to me, Mr. President, that the sufferers who come here for relief will not only have the best surgeons and physicians in Louisville to prescribe for them, but will be attended by angels of mercy in the shape of these Sisters of Charity; that the poor, friendless stranger, away from home and mother or sister or wife, will have the gentle hands of women to smooth his pillow, and hearts that will be touched with pity for his sufferings."

Speeches were made by Dr. Edward Palmer, Dr. Talbott Owen, Dr. Reynolds, and others.

Immediately after the inaugural ceremonies Dr. Reynolds performed an operation on the eye, the first done in the institution.

CONVENTION OF EX-CONFEDERATE SURGEONS.—The convention assembled at Atlanta, Ga., May 20, 1874. Dr. S. H. Stout was called to the chair and Dr. Charles Pinckney appointed secretary. Dr. Stout made appropriate remarks touching the object of the assemblage and the ends which it is proposed to accomplish, and paid a feeling but just tribute to the heroism and self-sacrifice in the line of duty which he had observed in many of the medical officers who had been under his supervision during the great struggle. The medical officers present recorded their names, with date of commission, capacity in which they served, and date of discharge or parol.

The following committee was appointed by the chair to make nominations for permanent officers of the body, namely: Dr. P. A. Holt, of Florida; Drs. W. T. Goldsmith, W. A. Carswell, E. D. Newton, W. A. Greene, J. W. Oslin, H. F. Campbell, of Georgia; Dr. A. G. Emery, of Alabama; Dr. M. W. Francis, of Alabama; Dr. John M. Johnson, formerly of Kentucky; Dr. S. H. Stout, formerly of Tennessee; Dr. A. C. Fox, formerly of Virginia; and Dr. E. J. Roach, formerly of Maryland.

A letter was read by the secretary from ex-Surgeon-general S. P. Moore, of Virginia, expressing his regret that he could not be present, and expressing his warm approval of and hearty co-operation in the objects of the meeting, and desiring the enrollment of his name as a member.

The following committee was appointed by the chair to report business for the action of the convention, namely: Drs. J. P. Logan, H. F. Campbell, Robt. Battey, E. J. Roach, and W. O. Owen.

Dr. Goldsmith, chairman, stated that the committee on permanent organization of the convention of medical officers of the late Confederate States army and navy beg leave to make the following nominations:

"The late surgeon-general, Dr. S. P. Moore, of Richmond, to be permanent president of this convention, and Dr. H. F. Campbell, of Georgia, to be vice-president at large; also district vice-presidents: Dr. J. E. Claggett, of Maryland; Dr. Hunter McGuire, of Virginia; Dr. S. S. Stachwell, of North Carolina; Dr. A. N. Talley, of South Carolina; Dr. W. F. Westmoreland, of Georgia; Dr. P. A. Holt, of Florida; Dr. C. J. Clark, of Alabama; Dr. S. V. D. Hill, of Mississippi; Dr. E. S. Drew, of Louisiana; Dr. J. N. Hayden, of Texas; Dr. Paul F. Eve, of Tennessee; Dr. D. A. Linthicum, of Arkansas; Dr. David W. Yandell, of Kentucky; Dr. L. T. Pim, of Missouri. Also as vice-presidents at large all former medical officers of the United States army and navy who resigned their positions for service in the Confederate States army and navy. They also recommend that the medical officers of the late Confederate States navy be requested to co-operate with the officers of this convention. They also nominate Dr. S. H. Stout for secretary, Dr. Charles Pinckney for assistant secretary, and Dr. Edwin D. Newton for treasurer of this convention.

It was resolved that all surgeons, assistant surgeons, and acting assistant surgeons of the late Confederate States army and navy be admitted to register as members of the convention.

A telegram was read from Vicksburg, Miss.: "The undersigned, ex-Confederate medical officers, send greeting. They

regret their inability to be with you in person, and assure you of their sympathy and co-operation in this beginning of annual reunions." (Signed) D. W. Booth, L. M. Capers, J. R. Hicks, J. R. Barnett, J. M. Hunt, P. O'Leary, W. E. Brickell, G. W. Howard, and P. F. Whitehead.

*"Resolved—1.* That this organization shall be called the 'Association of Medical Officers of the late Confederate Army and Navy.'

*"2.* The objects of the association shall be the collection and preservation of the medical records and statistics of the late Confederate States army and navy, the collection and publication of such scientific facts as may be useful to the association and to the medical profession, the preparation and publication of biographical notices of deceased members of the late medical staff, and the cultivation of social and friendly intercourse among its members.

*"3.* The officers shall be a president, a vice-president at large, one vice-president from each state represented in the said army, a secretary and assistant secretary, and a treasurer, who shall be elected annually.

*"4.* The meetings shall take place annually at such time and place as the association may determine.

*"5.* There shall be an assessment to meet current expenses of such sum as may be determined by the body.

*"6.* There shall be the following standing committees, namely: Committee on Hospital Service, Committee on Field Service, Committee on Necrology, Committee on Miscellaneous Reports, and Committee on Hygiene. There shall also be a special committee, consisting of three members and the secretary, invested with discretionary powers, of which the secretary shall be chairman, to whom shall be referred all matters for publication."

*"Resolved,* That a committee of five be appointed to prepare and submit to the next meeting of the association a form of permanent constitution and by-laws for its government. The chair appointed Drs. Battey, Cumming, Logan, Miller, and Newton.

#### SECOND DAY.

A telegram was read from Dr. Hunter McGuire, of Richmond, Va. Dr. Logan presented a communication from Dr. John M. Johnson, president of the Savannah Association of

Medical Officers of the late Confederate States Army and Navy.

On motion of Dr. Stout it was resolved that a committee of five members be appointed to prepare an address to the members of the medical staff of the late Confederate States army and navy, explaining the objects of this association and asking their co-operation.

On motion of Dr. Logan it was resolved that we recommend the formation of local societies for the furtherance of the objects contemplated by this association. Dr. Logan read a telegram from Dr. D. W. Yandell, of Kentucky, expressing his hearty co-operation and bidding the association God-speed.

Dr. Westmoreland had letters from Dr. J. T. Gilmore, of Mobile, and Dr. C. B. Leitner, of Geneva, Ga., regretting their inability to be present, and wishing the organization every success.

On motion of Dr. Andrews it was resolved that the newspapers throughout the late Confederate States be requested to publish the address to the medical officers of the late Confederate States army and navy, which will be issued by the committee appointed for that purpose.

On motion of Dr. W. F. Westmoreland it was resolved that a committee of three be appointed to confer with the Surgeon-general of the United States army in reference to the captured archives of the medical department of the late Confederate States, as to the extent to which they can be used by this body, and all other matters pertaining to the publication of the same, and report the result of the conference at the next meeting of this body.

On motion of Dr. Goldsmith it was resolved that all ex-Confederate medical officers be requested to furnish to Dr. S. H. Stout, secretary, Atlanta, Ga., their names, with their rank and period of service, etc., for enrollment as members of this association, with the understanding that they shall be considered members upon such enrollment.

Dr. Stout read a communication tendering to the association the records of the Hospital Department of the Army of Tennessee in trust, provided that a safe place be secured for their deposit. (Signed) S. H. Stout, medical director for Hospitals of the late Confederate Army of Tennessee. The communication was received and ordered to be recorded.

Dr. Logan read the following: "The Confederate medical records belonging to the late Dr. A. J. Foard, medical director of the Western Army, now in my possession and at my disposal, are hereby tendered to this association, upon condition that proper steps are taken for their preservation and utilization by this body." (Signed) J. P. Logan, M. D.

On motion of Dr. Green, resolved that former medical officers of the United States army and navy, who resigned their positions to take service under the Confederate States, be registered, upon their application for membership, as honorary vice-presidents of this body.

On motion of Dr. Newton, resolved that the vice-presidents of each state be authorized to appoint an executive committee to assist in procuring reports, organizing auxiliary societies, and promoting the objects of this association.

On motion of Dr. Stout, resolved that the Committee on Constitution and By-laws be instructed to take into consideration the feasibility of so organizing the association as a whole, and in its various divisions, as to preserve the *esprit du corps* of each branch of the service and of each department thereof; and of so arranging the work of the association and of local organizations co-operating with it that the labor and contributions of the officers of one military department shall not be confused with those of another; the infantry and artillery with the cavalry arm; those in a given brigade, division, or corps with those in another; the hospital service with the field service; nor the work of the jurisdiction of one medical directorship with that of another. And further, that it is the sense of this association that the records of the army



and navy medical examining boards should be presented and their archives preserved.

"*Resolved*—1. That Dr. J. D. N. Cullen, medical director of Longstreet's corps, be requested to prepare a sketch of the organization and service of the medical department of the Army of Northern Virginia.

"2. That Dr. Chas. H. Smith, medical director of the hospitals at Richmond, prepare a similar paper on the hospitals of that city.

"3. That Dr. E. A. Flewellen prepare a similar paper on the field service of the Western Army; that Dr. S. H. Stout prepare one on the organization of the hospital department of the Army of Tennessee; that Dr. A. N. Talley prepare a report of the army medical examining board; all to be delivered at the next meeting."

On invitation, the vice-president, Dr. Campbell, addressed the body upon some of his observations in the Army of Virginia. He alluded to the successful treatment of intermittent fever by the use of oil of turpentine, the scarcity of quinine necessitating search for substitutes for it. He thought that the turpentine increased the renal secretion, and eliminated thereby the *materies morbi*. This and other expedients of necessity should be brought out and put upon record. He related a case of wound in the calf of the leg, ball passing between the tibia and fibula. There was great inflammation, threatening gangrene, discharge of dirty sanies, and hemorrhage from the posterior tibial artery. The question of amputation or ligation of the artery was discussed. It was decided to ligate the femoral in Scarpa's triangle, to both control the hemorrhage and at the same time modify the inflammation. The operation was successful, and a good limb was saved. He related several other cases of ligation of principal arteries for the purpose of modifying inflammation, with good result. He then discussed elaborately the subject of inflammation, its causes, characteristics, and the methods of treatment.

"*Resolved*, That an abstract of Dr. Campbell's remarks upon inflammation and its treatment be furnished the secretary for pub-

lication, and that Dr. C. be requested to further elaborate his ideas upon the subject in an essay to be read at the next meeting of the association.

*"Resolved,* That the Committee on Hospital Service be instructed to obtain information in regard to the results of the use in Confederate hospitals of Dr. Nathan R. Smith's anterior splint in fractures of the lower extremity."

The president appointed the following chairmen of committees, who are to be allowed to select their own assistants, namely: Committee on Address, Dr. S. H. Stout, Atlanta, Ga.; Committee on Hospital Service, Dr. J. B. McCaw, Richmond, Va.; Committee on Field Service, Dr. D. W. Yandell, Louisville, Ky.; Committee on Naval Service, Dr. W. H. Spotswood, Pensacola, Fla.; Committee on Necrology, Dr. J. P. Logan, Atlanta, Ga.; Committee on Miscellaneous Reports, Dr. E. D. Newton, Athens, Ga.; Committee on Hygiene, Dr. W. H. Cumming, Atlanta, Ga.; Committee on Membership, Dr. J. D. N. Cullen.

Dr. Newton read a memoir of Medical Director Lafayette Guild, in which he paid a merited tribute to the official and private character of the deceased. Referred to Committee on Necrology.

Drs. Eldridge, Stout, and Barnes were appointed a committee to collect the facts in regard to the medical and sanitary history of Andersonville prison.

Dr. W. H. Cumming was requested to prepare a paper on vaccination, its results, normal and abnormal, as manifested in the army of the Confederate States, to be presented at the next meeting.

The committees on Field Service and Hospital Service were instructed to report upon the results of the use of indigenous remedies in the late Confederate States at the next meeting.

After the usual resolutions of thanks the association adjourned to meet in Richmond, Va., on the first Wednesday in July, 1875.

SOUTHWESTERN KENTUCKY MEDICAL ASSOCIATION.—This society elected, at its late meeting in Paducah, the following officers for the ensuing year:

*President*—Dr. O. B. Withers, of Lyon County; *First Vice-president*—Dr. L. M. Lovelace, of Ballard County; *Second Vice-president*—Dr. J. J. McGee, of Graves County; *Recording Secretary*—Dr. J. W. Singleton, of McCracken County; *Corresponding Secretary*—Dr. John Anderson, of Fulton Station; *Treasurer*—Dr. T. Hood, of Paducah.

Papers were read by Dr. O. B. Withers on puerperal eclampsia, and Dr. J. J. McGee on extra-uterine pregnancy. The following standing committees were appointed:

Dr. C. H. Brothers on Consumption; Dr. R. Saunders on Hypodermic Injections; Dr. J. C. Brooks on Diseases of the Eye; Dr. E. Charlton on Neuralgia; Dr. L. M. Lovelace on Pseudo-membranous Croup; Dr. J. W. Becker on Cholera; Dr. R. J. Howard on Medical Ethics; Dr. J. W. Singleton on Doctors' Poor Pay; Dr. D. Futrell on the Medical Uses of Tannin; Dr. T. H. Hood on Bright's Disease.

MEDICAL AND SURGICAL MEMOIRS: containing investigations on the nature and treatment of various diseases during a period of twenty years, by Joseph Jones, M. D., Professor of Chemistry and Clinical Medicine, Medical Department of the University of Louisiana. These Memoirs will embody the investigations made by Professor Jones at the bedside during a period of twenty years, and can not fail to possess the greatest interest to both the student of medicine and the active practitioner. In a circular received from the author we are assured that he has "spared neither time nor expense in the effort to accumulate accurate and practical results," and all who know Dr. Jones will believe him. The entire work (three volumes) will be illustrated by numerous carefully-recorded cases and a large number of microscopical observations of the solids and fluids in disease, and will contain a vast number of original observations upon the temperature,

pulse, respiration, and pathological changes in various diseases. Price, \$5 per volume to subscribers. The first volume will be ready for the press on or about the 1st of January, 1875. The remaining volumes will follow at regular intervals. Persons desiring to become subscribers will please address Joseph Jones, M. D., P. O. Box 1500, New Orleans, La.

SUN-STROKE.—We subjoin an extract from a letter recently received from Dr. S. Littell, of Philadelphia:

"The origin of many diseases, and especially those of endemic and epidemic character, in variations of electrical tension, which I have advocated in your columns and elsewhere, affords to my mind a ready solution of many problems not satisfactorily explained on theories commonly received, and, among others, of the phenomena of sun-stroke, which, if the heat of the last few days be any token of what is to follow, may be as prevalent during the next two months as it was in the disastrous summer of 1872.

"Sun-stroke, though it may subsequently develop into cerebritis or meningitis, is in the first instance merely nervous exhaustion, and requires for its treatment cold applications and the administration at short intervals of diffusible stimulants, especially those which, like the carbonate of ammonia, tend to excite and support the action of the heart.

"Caloric, light, electricity, galvanism, and magnetism are now generally admitted to be modifications of the same element, and the nervous force must be placed in the same category; for, if not absolutely identical with electricity, it is so manifestly and closely analogous thereto that for all practical purposes it may be regarded as the same, held, of course, in subjection and subservience to the laws of life. Now, though man is so constituted that he can exist in all climates, experience shows that in equatorial regions, and in warm weather every where, the brain performs its functions less perfectly and energetically because of the presence in undue

degree of a kindred power—caloric—enfeebling and deranging its action. If the temperature be high and long continued, there may be complete exhaustion of nervous force, leaving that organ pretty much in the condition of a leyden jar after its discharge; a state of things which is neither more nor less than sun-stroke, and may terminate fatally and immediately, or otherwise, according to circumstances. A similar phenomenon, more temporary in its duration because of the more temporary operation of the cause, is seen in the faintness produced by the imprudent and prolonged use of the hot bath, resulting also in some cases in death."

THE WARWICK COUNTY MEDICAL ASSOCIATION.—This association met at Booneville, Ind., June 2d, with Dr. W. L. Barker in the chair and Dr. W. B. Scales recording secretary. It appears that some good work was done, Dr. Keegan reading a practical paper on the *treatment of pneumonia*, and Dr. Ballinger a timely essay on *consultations*. The association gives promise of promoting the harmony and efficiency of the profession in Warwick County, a district which contains some of the best medical men in the state.

TÆNIA SOLIUM IN AN INFANT EIGHT MONTHS OLD.—Dr. Jacob Geiger, of St. Joseph, Mo., narrates the following case: "Was called to see L. B., a girl eight months old, suffering from bronchitis. Up to this time she had been quite well. Her bowels being costive, I directed castor-oil with a few drops of turpentine. A free evacuation was produced, which, however, contained several segments of tape-worm. In a few days, after recovery from the bronchitis, I directed a mixture of the liquid extract of fern-root and honey, to be given night and morning. The medicine moved the bowels freely during the three or four days it was administered, and several pieces of the worm were passed, amounting in all to eighteen feet. I have never met with tape-worm in so young a subject.

In Meigs and Pepper's *Diseases of Children* allusion is made to two hundred and six cases of tape-worm, twenty-two only of which were in subjects under fifteen years of age, and the youngest was three years and a half old. How did the entozoön find access to this infant's alimentary canal? Up to this time she had lived exclusively on her mother's milk, drinking water, however, for some time."

KENTUCKY STATE MEDICAL SOCIETY.—The officers elected for the year 1875 are as follows:

*President*—Dr. J. Baker, Shelbyville; *First Vice-president*—Dr. George Beeler, of Clinton; *Second Vice-president*—Dr. J. Y. Newkirk, of Bedford; *Recording Secretary*—Dr. J. A. Larrabee, of Louisville; *Corresponding Secretary*—Dr. B. F. Logan, of Shelbyville; *Librarian*—Dr. J. J. Speed, of Louisville; *Treasurer*—Dr. L. B. Todd, of Lexington; *Publishing Committee*—Drs. W. F. Owen, W. H. Galt, and R. H. Gale, of Louisville.

The next meeting of the society will be held, April, 1875, at Henderson, Ky.